

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

43770

State File No. \_\_\_\_\_

Registration District No. 784

Primary Registration District No. 101

Registrar's No. 2353

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Clayton  
(c) Name of hospital or institution St. Louis County Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME

IRENE HARDIN

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex 7 5. Color or race W 6. (a) Single, widowed, married, divorced M  
6. (b) Name of husband or wife Charles Hardin 6. (c) Age of husband or wife if alive 96 years  
7. Birth date of deceased July 9 1883 (Month) (Day) (Year)

8. AGE: Years 57 Months 15 Days 3 If less than one day hr. min.

9. Birthplace Salina, Ohio (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Bessie Hardin

13. Birthplace London, England (City, town, or county) (State or foreign country)

14. Maiden name Margaret Hardin

15. Birthplace London, England (City, town, or county) (State or foreign country)

16. (a) Informant Charles Hardin

(b) Address 9607-Wallis Court Overland, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-15-40 (Month) (Day) (Year)

(c) Place: burial or cremation Bron Cemetery

18. (a) Signature of funeral director Blumigum

(b) Address 2501 Woodson Rd Overland, Mo.

19. (a) DEC 14 1940 (Date received local registrar) (b) IR. Murphy (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town Overland  
(If outside city or town limits, write "RURAL")  
(d) Street No. 9607-Wallis Court (If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day Dec year 1940 hour 11:20 minute P M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw h \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death Auto accident  
(Inq. pending)

Due to Intracranial hemorrhage; multiple fractrs. ribs; frac. penis; rupture liver

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy Yes

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 5

23. Signature Louis H. Papp Address Kirkwood, Mo. Date signed \_\_\_\_\_

210 m  
98

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed.....

*Cesar F. Mueller*

Licensed Embalmer No. **3039**

P. O. Address *Cleveland Mo.*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 43770  
Registrar's No. 2353-

Registration District No. ....

Primary Registration District No. ....

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Clayton  
(c) Name of hospital or institution St. L. Co. Hosp.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community \_\_\_\_\_ (Specify whether years, months or days)

3. (a) PRINT FULL NAME Irene Hardin

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced W  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband, or wife, if alive \_\_\_\_\_ years

7. Birth date of deceased \_\_\_\_\_ (Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name \_\_\_\_\_

13. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

14. Maiden name \_\_\_\_\_

15. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

16. (a) Informant \_\_\_\_\_

(b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_ (Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address \_\_\_\_\_

19. 1-2-14-40 (b) DR. H. B. G. G. (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
(c) City or town \_\_\_\_\_ (If outside city or town limits write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 11 - 40  
year \_\_\_\_\_ hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ and that death occurred on the date and hour stated above.  
Immediate cause of death Auto accid. Long. pendulum

while a passenger in an auto that collided with another auto on a public highway

Due to Intracranial hemorrhage; multiple fracts. ribs; frac. pelvis; rupture liver  
Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy Yes

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident  
(b) Date of occurrence Dec. 12, 1940

(c) Where did injury occur? Normandy Township  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury Accident

23. Signature DR. H. B. G. G. (M. D. or other)

Address \_\_\_\_\_ Date signed \_\_\_\_\_

SUPPLEMENTARY

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

